



PATIENT	PRESENTING CLINICAL SIGNS
Hope Chojnacki	Not eating or drinking, lethargic for 2 days.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Obese (BCS 9/9) with wheezing +/- open mouth breathing. BW: glucose 210mg/dl, BUN 12 mg/dl, globulins 5.2 g/dl, T bili 1.6 mg/dl, K+ 2.5 mmol/L. UA: suspect cocci, USG >1.050, protein 2+, glucose 1+, ketones 15mg/dl, bili 6mg/dl,
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
F	The bilateral kidneys exhibited borderline enlargement, symmetrical capsule contour and normal 1:3 cortex / medulla ratio and normal corticomedullary definition. No evidence of pyelectasia or retroperitoneal inflammation. The left kidney measured 4.5 cm in length. The right kidney measured 5.0 cm in length.
AGE	The area of the aortic trifurcation was free of pathology.
3yr	
WEIGHT	Adrenal Glands
8.48kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.73 cm in width at the level of the hilus.
IMAGING PERFORMED BY	Liver
Wendy Turner	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Pennsauken Animal Hospital and Urgent Care	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.
REFERRING VET	
Dr. Dorph	
INVOICE	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.26 cm in width.
11675ag	
DATE	Normal visible colon wall layers were present with apparent formed feces in lumen.
09/20/2022	



PATIENT

Hope Chojnacki

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Feline

Free Abdomen

Increased amount of falciform and omental fat was noted. No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

F

- Urinary bladder sediment
- Bilateral borderline enlarged kidneys exhibiting intact corticomedullary architecture
- Sonographically unremarkable GI tract/pancreas
- Unremarkable liver/gallbladder

AGE

3yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of overt visceral pathology as a definitive cause of the patient's clinical signs. The bilateral borderline enlarged kidneys are suspected to be a normal patient variant given the patient's body size without overt evidence of renal inflammatory or neoplastic criteria. The urinary bladder sediment may suggest cellular / crystalline debris or mucus.

WEIGHT

8.48kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. A fructosamine level may be considered if clinical concern for diabetes. Hospitalization with 24 hour IVF and GI support with electrolyte supplementation may prove beneficial. Three view chest radiographs suggested if not done to rule out occult thoracic pathology.

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

F

AGE

3yr

WEIGHT

8.48kg

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REFERRING VET

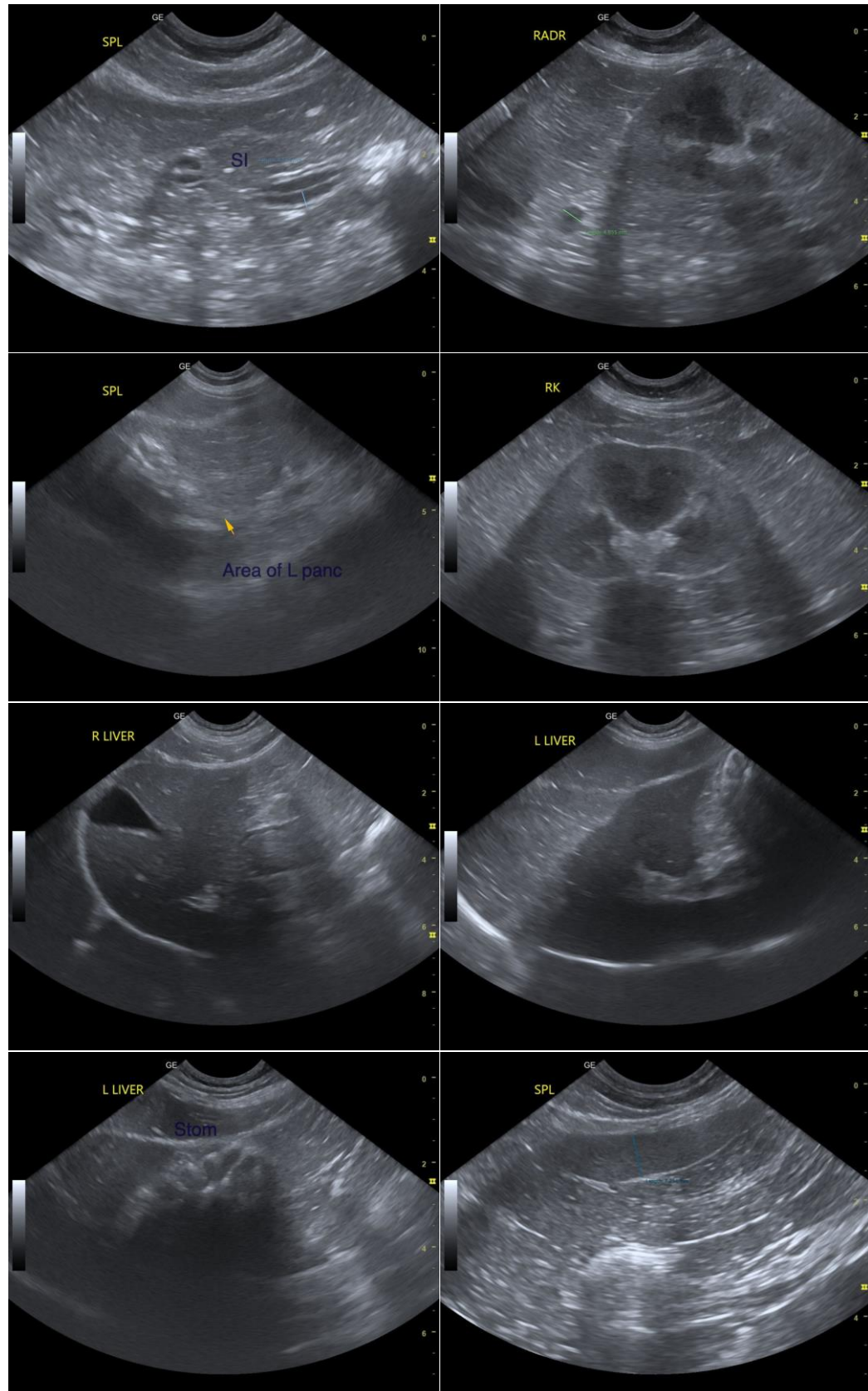
Dr. Dorph

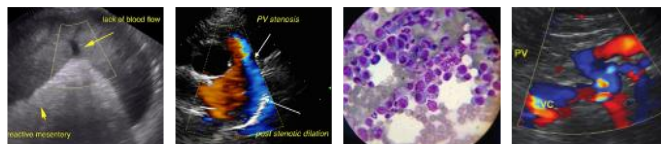
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SPECIES

Feline

BREED

DSH

SEX

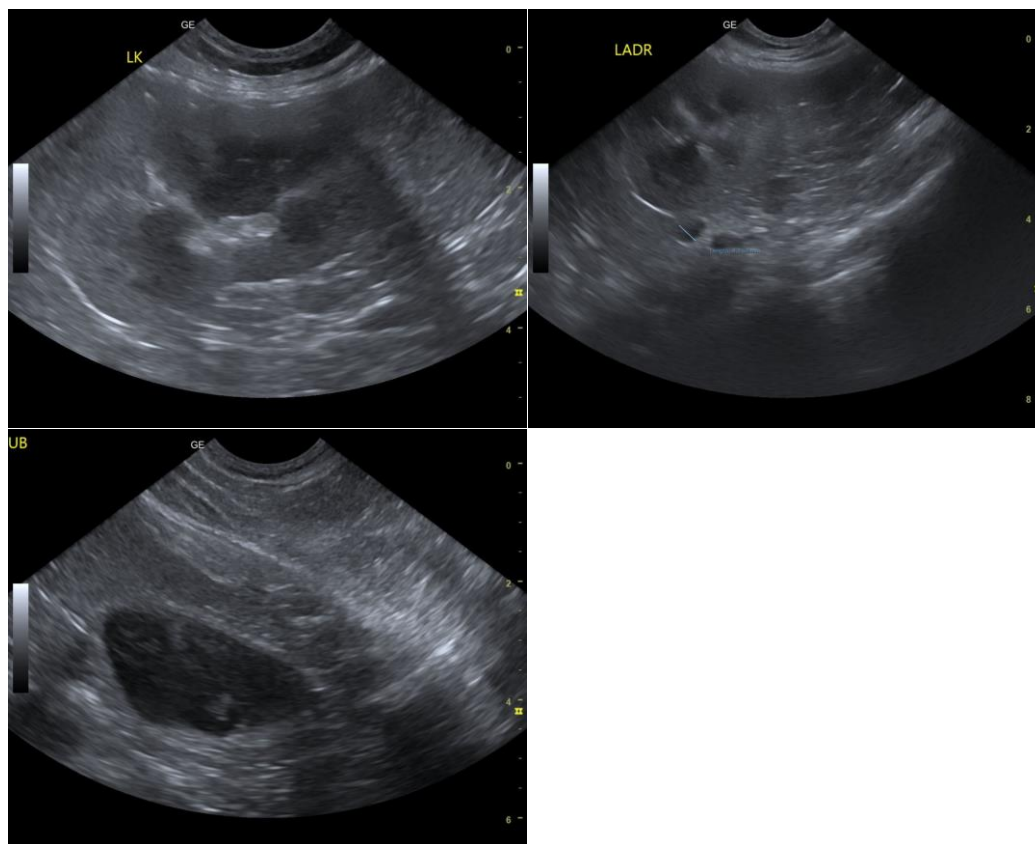
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AGE

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WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com